| **          | PATENT APPLICATION FEE DETERMINATION RECORD   |  |              |                    |                                |                  |             |                    | Application or Docket Number |     |                            |                  |  |
|-------------|---|--|--------------|--------------------|--------------------------------|------------------|-------------|--------------------|------------------------------|-----|----------------------------|------------------|--|
|             | TAILIII   |  | fective Octo |                    |                                | TON RECO         | טאכ         |                    | 09/                          | 70  | 0547                       | 78               |  |
| -           | CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |              |                    |                                |                  |             | SMALL<br>TYPE      | ENTITY                       | OR  | OTHER<br>SMALL             | THA              |  |
| FOF<br>O    | $\sim 1$  |  | BER FILED    |                    | NUMBER                         | EXTRA            | ] [         | RATE               | FEE                          |     | RATE                       | FE               |  |
| BAS         | IC FEE  |  |              |                    |                                |                  |             |                    | 395.00                       | OR  |                            |                  |  |
| TOT         | AL CLAIMS   | 5  | 4 minu       | us 52              | • 2                            | `                | ] [         | x\$11=             |                              | OR  | x\$22=                     | 10               |  |
| INDE        | PENDENT CL  | AIMS (                                     | 6 minus 4    |                    | • 2                            |                  | ]           | x41=               | = .                          | OR  | x82°                       | 1 ·<br>4 ·       |  |
| MUL         | TIPLE DEPEN   | DENT CLAIM PR                              | RESENT       |                    |                                |                  | ┇┢          | +135=              |                              |     | +270=                      | 7                |  |
| * ff tf     | f the difference in column 1 is less than zero, enter "0" in column 2   |  |              |                    |                                |                  | Ĺ           | TOTAL              |                              | OR  |                            |                  |  |
|             |   | CI AINC A                                  | AMENDE       | D . D40            |                                |                  |             | IOIAL              | <u></u>                      | OR  | TOTAL                      | ρ-               |  |
|             |   | CLAIMS AS<br>(Column 1)                    |              |                    | lumn 2)                        | (Column 3)       | ·<br>_ · .  | SMALL              | ENTITY                       | OR  | OTHE!                      |                  |  |
| AMENDMENT A |   | - CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |              | NUI<br>PREV        | MBER<br>MOUSLY<br>D FOR        | PRESENT<br>EXTRA |             | RATE               | ADDI-<br>TIONAL<br>FEE       |     | RATE                       | AD<br>TIOI<br>FE |  |
| NDV         | Total   | •  | Minus        | •••                |                                | =                |             | x\$11=             |                              | OB  | x\$22=                     | :                |  |
| ME          | independent   | •  | Minus        | ***                |                                | =                |             | x41=               |                              | OR  | x82=                       | - :              |  |
| 4           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |              |                    |                                |                  |             | +135=              | ·                            | OR  | +270=                      |                  |  |
|             | ·   | (Column 1)                                 |              | (Ca                | lumn 2)                        | (Column 3)       | A.C         | TOTAL<br>DIT. FEE  |                              | OR  | TOTAL<br>ADDIT. FEE        |                  |  |
| ENT B       |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN   |              | HIG<br>NUI<br>PREV | MBER<br>MOUSLY<br>D FOR        | PRESENT<br>EXTRA |             | RATE               | ADDI-<br>TIONAL<br>FEE       |     | PELAIN<br>RELAIN<br>RATEIR | ÇAD<br>TIOI      |  |
| MOZ         | Total   | •  | Minus        | **                 |                                | =                |             | x\$11=             |                              | OR: | x\$22=                     |                  |  |
| AMENDN      | Independent   | •  | Minus        | ***                |                                | =                | <b>    </b> | x41=               |                              | OR  | x82=                       |                  |  |
| ٨           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |              |                    |                                |                  | ]           | +135=              |                              | OR  | +270=                      |                  |  |
|             |   | (Column 1)                                 |              | (Co                | tumn 2)                        | (Column 3)       | AE          | TOTAL<br>ODIT. FEE |                              | OR  | TOTAL<br>ADDIT. FEE        |                  |  |
| ENT C       |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN   |              | NU:<br>PREV        | MEST<br>MBER<br>MOUSLY<br>DFOR | PRESENT<br>EXTRA |             | RATE               | ADDI-<br>TIONAL<br>FEE       |     | RATE                       | AD<br>TIO        |  |
| MOZ         | Total   | •  | Minus        |                    |                                | =                |             | <b>x</b> \$11=     | . *                          | OR  | x\$22=                     |                  |  |
| AMENDMENT   | Independent   | :  | Minus        | •••                |                                | =                | <b>]</b>    | x41=               |                              | OR  | x82=                       |                  |  |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |              |                    |                                |                  | 1           | +135=              |                              | OR  | +270=                      |                  |  |
|             | he entry in column 1 is less than the entry in column 2, write "0" in column 3. he "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." he "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |              |                    |                                |                  | - L         |                    | l                            | 5   | l                          | <u> </u>         |  |